

**COUNTY OF SAN DIEGO  
DEPARTMENT OF PUBLIC WORKS  
ENGINEER'S REPORT OF GRADING ACTIVITIES**

Period Covered by this report: From \_\_\_\_\_ To \_\_\_\_\_

Date: \_\_\_\_\_ Grading Permit Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Engineer: \_\_\_\_\_

State Registration Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of your last site visit? \_\_\_\_\_

Was the work in substantial compliance with approved plans and County permit requirements? ☐ Yes or ☐ No

If no, please explain any and all nonconformities and proposals for corrective measures:

---

---

---

Are appropriate BMPs in place? (including any slope not worked within the last 15 days) ☐ Yes or ☐ No

Did you observe any discharges of silt or sediment in storm water leaving the site or entering a water body? ☐ Yes or ☐ No

If yes, please explain circumstances and corrective measures:

---

---

Is the site's erosion control plan current? ☐ Yes or ☐ No

If no, please explain deficiencies:

---

---

Have you observed any complaints about the site? ☐ Yes or ☐ No

If yes, please explain:

---

---

---

Has there been any un-permitted grading on the site? ☐ Yes or ☐ No

If yes, please explain:

---

---

Are the road locations, grades, and utilities in substantial accordance with approved plans? ☐ Yes or ☐ No

If no, please explain differences: \_\_\_\_\_

---

Are the location, shape, and elevation of the lots substantially as shown on approved plans? ☐ Yes or ☐ No

If no, please explain differences: \_\_\_\_\_

---

Work Completed since last report:

---

---

Work anticipated during next reporting period:

---

---

What are the approximate amounts of cut and fills to date and the remaining amount?

\_\_\_\_\_ Cut c.y.

\_\_\_\_\_ Fill c.y.

\_\_\_\_\_ Cut c.y. Remaining

\_\_\_\_\_ Fill c.y. Remaining

\_\_\_\_\_ Cut c.y. on plans/permit

\_\_\_\_\_ Fill c.y. on plans/permit

I certify that the above items for this project are in substantial conformance with the approved plans. ☐ Yes or ☐ No

Please sign your name

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

---

Return this form to the County of San Diego at this address:

**County Engineer**  
**Construction Engineering-Grading**  
**County Operations Center**  
**5201 Ruffin Rd, MS O382**  
**San Diego, CA 92123-1295**

**Fax: (858) 694-2354 or Email: [cntyeng@sdcdwp.org](mailto:cntyeng@sdcdwp.org)**